

- Other	
Most recent year conducted:	
Describe:	
<b>- If Intentional Damage:</b>	
8. Specify:	
- If Other, Describe:	
<b>- If Other Outside Force Damage:</b>	
9. Describe:	
<b>G5 - Material Failure of Pipe or Weld</b> - only one <b>sub-cause</b> can be selected from the shaded left-hand column	
<b>Use this section to report material failures ONLY IF the "Item Involved in Accident" (from PART C, Question 3) is "Pipe" or "Weld."</b>	
<b>Material Failure of Pipe or Weld – Sub-Cause:</b>	
1. The sub-cause selected below is based on the following: <i>(select all that apply)</i>	
- Field Examination	
- Determined by Metallurgical Analysis	
- Other Analysis	
- If "Other Analysis", Describe:	
- Sub-cause is Tentative or Suspected; Still Under Investigation (Supplemental Report required)	
<b>- If Construction, Installation, or Fabrication-related:</b>	
2. List contributing factors: <i>(select all that apply)</i>	
- Fatigue or Vibration-related	
Specify:	
- If Other, Describe:	
- Mechanical Stress:	
- Other	
- If Other, Describe:	
<b>- If Original Manufacturing-related (NOT girth weld or other welds formed in the field):</b>	
2. List contributing factors: <i>(select all that apply)</i>	
- Fatigue or Vibration-related:	
Specify:	
- If Other, Describe:	
- Mechanical Stress:	
- Other	
- If Other, Describe:	
<b>- If Environmental Cracking-related:</b>	
3. Specify:	
- Other - Describe:	
<b>Complete the following if any Material Failure of Pipe or Weld sub-cause is selected.</b>	
4. Additional factors: <i>(select all that apply)</i> :	
- Dent	
- Gouge	
- Pipe Bend	
- Arc Burn	
- Crack	
- Lack of Fusion	
- Lamination	
- Buckle	
- Wrinkle	
- Misalignment	
- Burnt Steel	
- Other:	
- If Other, Describe:	
5. Has one or more internal inspection tool collected data at the point of the Accident?	
5a. If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:	
- Magnetic Flux Leakage	
Most recent year run:	
- Ultrasonic	
Most recent year run:	
- Geometry	
Most recent year run:	
- Caliper	
Most recent year run:	
- Crack	
Most recent year run:	

- Hard Spot	Most recent year run:	
- Combination Tool	Most recent year run:	
- Transverse Field/Triaxial	Most recent year run:	
- Other	Most recent year run:	
Describe:		
6. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?		
- If Yes:		
Most recent year tested:		
Test pressure (psig):		
7. Has one or more Direct Assessment been conducted on the pipeline segment?		
- If Yes, and an investigative dig was conducted at the point of the Accident -		
Most recent year conducted:		
- If Yes, but the point of the Accident was not identified as a dig site -		
Most recent year conducted:		
8. Has one or more non-destructive examination(s) been conducted at the point of the Accident since January 1, 2002?		
8a. If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted: -		
- Radiography	Most recent year conducted:	
- Guided Wave Ultrasonic	Most recent year conducted:	
- Handheld Ultrasonic Tool	Most recent year conducted:	
- Wet Magnetic Particle Test	Most recent year conducted:	
- Dry Magnetic Particle Test	Most recent year conducted:	
- Other	Most recent year conducted:	
Describe:		
<b>G6 – Equipment Failure - only one sub-cause can be selected from the shaded left-hand column</b>		
<b>Equipment Failure – Sub-Cause:</b>		
<b>- If Malfunction of Control/Relief Equipment:</b>		
1. Specify: (select all that apply) -		
- Control Valve		
- Instrumentation		
- SCADA		
- Communications		
- Block Valve		
- Check Valve		
- Relief Valve		
- Power Failure		
- Stopple/Control Fitting		
- ESD System Failure		
- Other		
- If Other – Describe:		
<b>- If Pump or Pump-related Equipment:</b>		
2. Specify:		
- If Other – Describe:		
<b>- If Threaded Connection/Coupling Failure:</b>		
3. Specify:		
- If Other – Describe:		
<b>- If Non-threaded Connection Failure:</b>		
4. Specify:		
- If Other – Describe:		
<b>- If Defective or Loose Tubing or Fitting:</b>		
<b>- If Failure of Equipment Body (except Pump), Tank Plate, or other Material:</b>		
<b>- If Other Equipment Failure:</b>		

5. Describe:	
<b>Complete the following if any Equipment Failure sub-cause is selected.</b>	
6. Additional factors that contributed to the equipment failure: <i>(select all that apply)</i>	
- Excessive vibration	
- Overpressurization	
- No support or loss of support	
- Manufacturing defect	
- Loss of electricity	
- Improper installation	
- Mismatched items (different manufacturer for tubing and tubing fittings)	
- Dissimilar metals	
- Breakdown of soft goods due to compatibility issues with transported commodity	
- Valve vault or valve can contributed to the release	
- Alarm/status failure	
- Misalignment	
- Thermal stress	
- Other	
- If Other, Describe:	
<b>G7 - Incorrect Operation - only one sub-cause can be selected from the shaded left-hand column</b>	
<b>Incorrect Operation – Sub-Cause:</b>	
<b>Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage</b>	No
<b>Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or Overflow</b>	No
1. Specify:	
- If Other, Describe:	
<b>Valve Left or Placed In Wrong Position, but NOT Resulting in a Tank, Vessel, or Sump/Separator Overflow or Facility Overpressure</b>	No
<b>Pipeline or Equipment Overpressured</b>	No
<b>Equipment Not Installed Properly</b>	No
<b>Wrong Equipment Specified or Installed</b>	No
<b>Other Incorrect Operation</b>	No
2. Describe:	
<b>Complete the following if any Incorrect Operation sub-cause is selected.</b>	
3. Was this Accident related to <i>(select all that apply)</i> : -	
- Inadequate procedure	
- No procedure established	
- Failure to follow procedure	
- Other:	
- If Other, Describe:	
4. What category type was the activity that caused the Accident?	
5. Was the task(s) that led to the Accident identified as a covered task in your Operator Qualification Program?	
5a. If Yes, were the individuals performing the task(s) qualified for the task(s)?	
<b>G8 - Other Accident Cause - only one sub-cause can be selected from the shaded left-hand column</b>	
<b>Other Accident Cause – Sub-Cause:</b>	
<b>- If Miscellaneous:</b>	
1. Describe:	

<b>- If Unknown:</b>			
2. Specify:			
<b>PART H - NARRATIVE DESCRIPTION OF THE ACCIDENT</b>			
<p>A family member of the landowner was taking out a hedge row along a fence line with a D-8 Dozer fitted with ripper blades when he punctured the line, causing the release. Prior notification had not been made to the Nebraska One-Call Telephone Center so Magellan was not aware of the excavation activity until after the line had been punctured. The line was repaired in compliance with 49 CFR Part 195 regulations and company procedures, and the impacted waterways and soil were remediated according to company and government standards.</p>			
<table border="1"> <tr> <td><b>File Full Name</b></td> </tr> <tr> <td> </td> </tr> </table>		<b>File Full Name</b>	
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<b>PART I - PREPARER AND AUTHORIZED SIGNATURE</b>			
Preparer's Name	Kenneth L. Lybarger		
Preparer's Title	Sr. Compliance Coordinator		
Preparer's Telephone Number	918-574-7315		
Preparer's E-mail Address	ken.lybarger@magellanlp.com		
Preparer's Facsimile Number	918-574-7246		
Authorized Signature's Name	Kenneth L. Lybarger		
Authorized Signature Title	Sr. Compliance Coordinator		
Authorized Signature Telephone Number	918-574-7315		
Authorized Signature Email	ken.lybarger@magellanlp.com		
Date	01/06/2012		